

1258

This certificate is a true copy,
made in the office of the State Board
of Health, from old county records.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
County Registrar's No. *.....

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Hatcher County Graham No. St.

(Registration District)

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			

DATE OF BIRTH* March 10, 1909
(Month) (Day) (Year)

FULL NAME	FATHER
<u>Nathan Oliver Tenney</u>	
FULL MAIDEN NAME	MOTHER
<u>Myrtle Mary Wear</u>	

I HEREBY CERTIFY that the child described herein has been named
Naydene Tenney
(Give name in full) (Surname)
Myrtle Mary Tenney
(Parent's Signature)
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

7/11/40

539-310-46

MA

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